

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
D91926322

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	2			1		
4	2			1		
5	1			1		
6	1			1		
7	1			1		
8	1			1		
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TOTAL IND.	/		/			
TOTAL DEP.	/	/	9			
TOTAL CLAIMS	12		10			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS